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PREDICTORS OF RELIANCE ON CHILDREN'S SELF-CARE
BY URBAN BLACK AND WHITE FAMILIES IN THE UNITED STATES

by

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A.B., The Ohio State University, 1967

Submitted to the faculty of Oberlin College
in partial fulfillment of the requirements for the
Degree of Master of Arts
Department of Sociology/Anthropology

1987

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INTRODUCTION

The last several years have seen a rising concern among working parents, educators, employers and policy makers about the fate of school-age children during their parents' working hours. Articles have proliferated in the popular press-- including cover stories this year alone in Fortune, Ms., Mother Jones and the Wall Street Journal--decrying the stress inherent in parents' attempts to raise well-adjusted children while still establishing their careers. Although this is not surprising if one considers the discrepancy between the amount of time parents spend working and the amount of time children spend in school, an example may point it out more clearly.

Consider Mr. and Mrs. Smith, a working couple with two school age children, Mary, 8, and Scott, 11. The Smiths each work 40 hours a week and spend an hour a day commuting to and from work. They take their two-week vacations simultaneously and spend them with their children. When the ten holidays for which the Smiths are paid are taken into account, they are found to work 237 days a year and to be away from home for this purpose a yearly 2133 hours.

Concurrently, Mary's and Scott's school, like most others around the country, holds classes six hours a day for 180 days a year, after school holidays, conference days and teacher in-service days have been considered. The children spend about

three-quarters of an hour each day waiting for the school bus and riding to school. Each misses about four days of school a year due to illness. Thus, school attendance eliminates the need for child care for 1161 of the 2133 hours that Mr. and Mrs. Smith are working.

The problem, of course, is the remaining 972 hours--or the four hours of each work day during which school attendance is of no help. In many families like the Smiths, these four hours a day present the parents with an unremitting dilemma, as parents lack the resources to assure the care they would like their children to have. It is this dilemma which has catalyzed widespread discussion in the media.

It is interesting to note, however, that in the course of this discussion, virtually nothing has been said about the differences between black families' and white families' means of confronting this dilemma. The professional literature located by the key words "child care," and particularly addressing the phenomenon of children's self-care on which this study focuses, yields very little information on the experiences of different racial groups. The few articles that do discuss race present the minority perspective on commercially provided care, rather than evaluating child care alternatives.

^E Imbedded in the literature on kinship networks in black communities, however, are rich and thorough descriptions of

the ways in which child care needs are met. Since maternal employment has long been common in black families, the child care question has been addressed here for generations--and kinship networks have often provided the solution. Because this important function has been largely neglected in the child care literature, the link between the burgeoning need for child care and the role of kinship networks has piqued this researcher's interest.

Some investigators have claimed that as child care needs expand, reliance on self-care will increase as well. Is this true? If so, how is the trend mitigated by the provision of care within kinship networks? Does the availability of kin-provided care create differences in the extent to which black families and white families employ the self-care alternative? If so, are there specific sub-groups in which the differences are most profound?

This study seeks to answer these questions through the analysis of demographic data recently made available by the United States Bureau of the Census. The first chapter lays the foundation of the discussion of children's self-care by introducing the findings of other researchers regarding both the impact of the self-care experience on children's well-being and the influence of the self-care phenomenon on the development of public policy and programs.

Chapter Two links the self-care phenomenon to network theory by means of the hypothesis. The data are analysed in light of the hypothesis in Chapter Three. These chapters contain the structure for the comparison of patterns of use of self-care in black and white families and examine the observed patterns with the role of the kinship network in mind. The final chapter summarizes the conclusions drawn from the analysis and presents suggestions for the design of future studies to refine the demographic analysis of self-care.

CHAPTER ONE: REVIEW OF THE LITERATURE

The theoretical basis for the present study derives from the recent emergence of child care as a major issue of social policy and from the apparent influence of social networks on child care practices. The review of the literature which follows will describe the development of concern over child care policy and practice and the current state of research relative to it, with emphasis on studies of self-care. Further discussion of the role of social networks in child-care choices and the general differences between blacks and whites in the use of these networks will provide the basis for the hypothesis of the study.

CHILD CARE AS AN ISSUE OF NATIONAL CONCERN

The 1980's have defined child-care to be a primary social issue resulting from dramatic changes that have occurred in the structure and function of the American family in the last two decades. As both feminist activism and personal economic need have combined to propel a majority of women into the nation's work force, traditional parental sources for nurturing and educating children have been altered substantially. Although some fathers have assumed increasing responsibilities with home and family, and some accommodations have been made in the structure of the employment world to allow fathers or mothers

to assume child care responsibilities during those hours traditionally comprising the work day, these structural alterations have remained limited relative to the total need for change. As a result, both the development of children and the management of parents' careers have been forced to conform to out-dated systems derived from a decades-old concept of the "traditional," or two-parent, single-wage-earner family.

In many cases, parents are forced to remain separated from their children for substantial blocks of time each day while traveling to and from the workplace and during standard and overtime work hours. In other instances, parents who care deeply for their children find the demands of providing their families with food, clothing and shelter compete strongly with their desires for high quality time with and away from their children. The child care needs arising from such circumstances are complex enough that, regardless of the specific arrangements made by parents, children themselves are encouraged to develop understanding, flexibility and even organizational skills at early ages.

Adequate parental time for the nurturing of children is even rarer in single-parent families. When only one adult is available, child care needs arise more frequently and are more constant. The single parent of young children must decide either to arrange care or to take the children along each time a need to leave home arises. Whereas dual-parent families

often can count on one parent's freedom of movement while the other remains with the children, single mothers and fathers must arrange care for the entirety of each work day, with additional time for travel and running errands.

Since most single parents are mothers whose incomes either have plummeted as a result of divorce or have remained low because parenthood has restricted their career advancement, the economic needs to be met in these circumstances require that child care be low in cost and easily available, as well as high in quality. Since many single parents hold employment positions where sick leave and personal time benefits are limited, they are in need of child care even for school-age-children on several occasions when school is not in session--e.g., holidays not observed by the employer, teacher in-service days, conference days--and when the children are ill.

The proliferation of privately- and publicly-operated day care centers has, of course, met child care needs to a considerable extent. Nevertheless, parents--whether single or not--may suffer from limitations in the day care arrangement such as:

- inadequate subsidization for low-income families,
- lack of transportation for school children needing after-school care,
- lack of commercial care services for children who are ill,

- hours of commercially-provided care incongruent with parents' evening work shifts,
- lack of services for infants,
- inadequate programming to accommodate the needs and interests of school-age children (e.g., homework room, music lessons, recreation),
- care centers' inconvenient locations relative to the families' homes or workplaces.

Limitations of this type are common among all centers, including those offering the highest quality care, since few organizations have the resources to meet all the needs to which the list refers. As a result, parents often must make arrangements which are complementary or alternative to the care available through commercial providers.

The Emergence of Self-Care

The present need for child care resources resembles in many regards that which arose during World War II in many families when both parents--or the comparatively rare single mother or father--also were engaged outside the home, with fathers at the battlefield and mothers employed in the wartime support industry. Through the Lanham Act of 1942, the United States government attempted to meet this need by developing a nationwide system of emergency child care offices (Zucker 1944, Moore 1982). Nevertheless, parents were forced to rely at that time as well on alternative means of care. School administrators in the 1940's grew increasingly concerned about

the well-being of the growing number of students who appeared for classes wearing door keys on ribbons around their necks. "Latchkey children," or "dorks" (for door keys)--i.e., young children who cared for themselves before or after school--became the focus of concern because of an assumed high risk of delinquency and/or parental neglect (Robinson, et al. 1986). In spite of the predictions of maladjustment among wartime latchkey children, however, the absent parents remained exempt from criticism, since their contributions to the war effort were considered indispensable (Zucker 1944).

By 1970, after two-and-a-half decades of dormancy, child-care needs again emerged as a social concern. With a strong feminist movement well underway, increasing economic pressures on American families seeking to maintain post-war standards of living, and a steadily rising divorce rate, a new generation of children with working parents appeared. Again mothers and fathers began to seek high quality child care outside the home and, when faced with institutional limitations, attempted innovative alternatives, including the self-care patterns of the 1940's.

The professional literature in the disciplines of sociology, psychology, education and home economics (child development) increasingly reflected interest in child care as an influence on the development of the individual and as an issue of social policy. The focus of early reports, however,

was limited to the comparative advantages and disadvantages of parental- versus non-parental care and the effects of maternal employment on child development (Taveggia and Thomas 1974; Emlen and Perry 1974; Hoffman 1972, 1974; Maccoby 1978; Gold and Andres 1979). Although some early studies (Glueck and Glueck 1957; Emlen and Perry 1974) acknowledged the use of children's self-care, few investigators other than Woods (1972) investigated it as a separate phenomenon. The Woods study, however, found a positive relationship to exist between mothers' full-time employment and the cognitive limitations of their unsupervised daughters in a black urban ghetto.

As can be seen, the prevailing assumption in child-care literature before 1980 was that substitute supervision was needed for all children whose parents were absent during non-school hours. Although parental warmth and care might not be completely replaceable, supervision and protection from danger were considered the very minimum in requirements for children's well-being, and it was assumed that these needs could and should be met by the community.

Current Literature on Children in Self-Care

In 1980, James Garbarino called attention directly to the self-care phenomenon and abandoned the assumption that the experience was harmful to the child. While enumerating the risks inherent in children's self-care, Garbarino has suggested

a number of benefits that can ensue when self-care occurs in a favorable--i.e., safe and stimulating--environment.

Garbarino's report has been followed by a proliferation of literature on the self-care experience which generally has focused on one or both of two areas:

a) the nature and quality of the self-care experience--i.e., self-care as a predictor of children's well-being; and

b) considerations regarding self-care in policy- and program-formulation.

The Role of Self-Care in Children's Well-Being

Although research regarding the choice of self-care among child-care alternatives is by no means exhaustive, studies reported since 1980 suggest that the use or non-use of self-care cannot in itself determine a child's well-being (Rubin 1983; Lein 1984; Rodman, et al. 1985; Rodman 1985; Vandell 1985). What appears more likely is that, as there exists a number of variables--i.e., conditions and experiences--that have been shown to predict children's outcomes, the influence of these factors, whether positive or negative, may be enhanced by particular self-care experiences. Thus, a child whose identity has been consistently affirmed may thrive in accepting the responsibility for her own care, while a counterpart whose surroundings and experiences have placed her development at risk, may experience self-care as further trauma.

Hayes and Kamerman (1983) in evaluating the effects of parental employment on children, stress that careful attention should be given to a number of factors, including single- or dual-parent status, special characteristics of the child, family size and ages of siblings, race, ethnicity, family income, roles of caretakers, quality of care, and attitudes of family members toward work outside the home (cf. Kamerman and Hayes 1982). Speaking specifically about research efforts regarding children in self-care, Galambos and Dixon (1984) propose a "contextual" approach which considers not only the age, sex, and socioeconomic status of the child, but the characteristics of the broader community setting--the external context--as well. They report that "Just as there is no one or normal latchkey child, there is no one or normal latchkey context; in fact, the contexts are often dramatically different [p. 121]." Galambos herself in a study conducted with Garbarino (1983), found that, in a crime-free, rural area, fifth- and seventh-grade children who cared for themselves before or after school were no less socially or academically adjusted or fearful than their counterparts who were supervised by adults.

Rodman, Pratto and Nelson (1985) report similar findings from their comparison of fourth- and seventh-graders in a Southern school district encompassing both urban and rural areas. Evaluations of carefully matched pairs of unsupervised and supervised children showed no significant differences in

self-esteem or social/psychological functioning. Indeed, Rodman (1985) asserts that while "There is no doubt that under some circumstances the self-care arrangement promotes fear and anxiety and is inadvisable....blanket condemnations of self-care are irresponsible and unwarranted."

A number of investigators have considered those elements in the setting that may place a child in self-care at risk. Brown (1980) and Wallerstein (1985), for example, have described in detail the persistent and destructive effects of divorce on some children. Wallerstein (1985), in citing worst-case anecdotes of children of divorce caring for themselves after school, describes "...a sense that many youngsters have of there being no one in charge--no adult to make or enforce rules, no one to hold them to proper conduct, and, perhaps most of all, no one to take over in the event of an emergency [p. 173]." This feeling, she reports,

...surfaced repeatedly in the complaints of adolescents who reported on the emptiness of their homes when they returned from school. They spoke openly of their need for protection against the press of their own impulses and the dangers of the outside world....Older youngsters complained of bearing heavy responsibility for younger siblings, whom they felt had been unfairly and irresponsibly delegated to them [p. 173].

It is imperative to note that Wallerstein's description is not intended as representative of all children in self-care or even of those who have experienced the trauma of divorce, but

rather is meant to illustrate the feelings that some children in self-care may manifest. The excerpt is included here to illustrate that the effects of factors influencing a child's well-being after divorce may be exacerbated in some cases by self-care.

In addition to family upheaval and the alteration of family status, an unsettling neighborhood environment can emerge as a risk-producing factor that also may be enhanced by self-care. A 1982 study by Long and Long, though considered somewhat methodologically unsound (Vandell 1985; Rodman 1985; Robinson, et al. 1986), reports high levels of fear among subjects in first through sixth grades in an all-black inner-city parochial school. Though the children interviewed did not represent a wide range of income levels (as all were able to pay school tuition), it is not surprising that in a dense urban setting the most frequently reported fears were of break-ins, strange noises and dogs barking. Since many of the children were forbidden either to play outside or to invite friends into their homes, one would suspect that the experience of being alone in the setting may have accounted for at least part of the fear. Still, one must consider that reports of such fears might be mitigated by the use of a more finely-honed methodological structure than that employed in the Long and Long study.

Nonetheless, Galambos and Garbarino (1983) have pointed out that the role of the urban neighborhood or the small town in the lives of its residents has diminished considerably in recent years, to the point that the local community no longer can be counted on to assure safety on its streets. Neighborhoods no longer include elderly residents who in the past served as "extra" adults during the work day, most parents now are employed and thus away from home for long stretches, and the trend toward smaller families has reduced the number of teenagers who are available to help ensure block and home safety. In inner-city housing projects, the lack of community spirit may be even more pronounced because residents have been attracted from diverse and far-flung areas of metropolitan regions and have established little if any cohesion (St. John-Brooks 1982). Garbarino (1980) stresses that social isolation of this type has created a need for more urban resources at a time when fewer are available.

Steinberg's (1986) analysis of the after-school activities of adolescents in a Midwestern metropolitan school district points also to the dangers inherent in parental permissiveness, especially where fifth- through ninth-graders were allowed to "hang out" after school, rather than returning home. These children were found to be more susceptible to peer pressure toward anti-social behavior than self-care adolescents who remained home alone.¹ Steinberg cautions against Rodman's optimism, noting that "...further research on latchkey children

should probably focus more on the consequences of latch-key arrangements for children's behavior than for their personality development [p. 438]." Yet one must also consider that the permissiveness that underlies problem behavior may be demonstrated as well by some parents who are at home after school. While the possibility exists that expanded reliance on self-care may be accompanied by a corresponding rise in delinquency, there appear to be no reports of such a rise to date.

A further concern, expressed by Elkind (1981; 1984) and frequently quoted in discussions of self-care, is that children are pressured to assume responsibility too early and too rapidly to assure well-grounded psychological development. The implication here is that, for a child already bearing undue burdens in social or academic achievement, the experience of caring for herself alone might produce a high level of stress which could remain undetected and/or unrelieved (Long and Long 1983, Robinson, et al. 1986). Garbarino (1980) concludes, "It is the premature granting of responsibility, particularly when it occurs in a negative emotional climate, that seems to be damaging [p.3, emphasis his]."

Although descriptions of the unfortunate aspects of the self-care experience make more colorful reading than success stories, the research reported to date offers little support to the hypothesis that self-care alone places children's

development in jeopardy. While Garbarino (1980) has cited risks that may accompany self-care--specifically, rejection and alienation, delinquency, academic failure and victimization--and while Asher, et al. (1982) and Rubin (1983), among a host of others, indicate the importance of providing time for children's social development among peers, the empirical evidence also demonstrates that genuine opportunities for growth and self-reliance are likely to be found in the self-care experience.

It appears at this time that children who reside in safe physical settings with stable emotional climates inside their homes can manage self-care quite successfully with no significant damage to their self-esteem, their academic standing or their ability to get along with others. On the other hand, children who experience stress from their community or home settings may find their coping abilities hampered by the additional burden of self-care. The challenge for those concerned with child development and self-care is to examine the continuum between these two extremes.

POLICY AND PROGRAM CONSIDERATIONS RELATED TO SELF-CARE

Since self-care has not been shown to be a valid indicator of the extent of children's well-being, is there then a need for policies and programs relating to the self-care child? The effects of the intervening variables that do influence the child's well-being suggest that there is. First of all, although no studies have investigated directly the hypothetical link between the level of competence at self-care and the extent of adult-child communication regarding how the child is to manage, it has been assumed that such a link does exist and that at least some of the children who do well on their own have been given the advantage of a planned structure which enhances their confidence and sense of security (Gray 1986). This suggests that programs training children and parents to discuss and structure the self-care experience may be advantageous. Secondly, that some children in self-care can be shown to be at risk suggests a need for community support. Finally, the youngest of school-age children must be given care until they reach a level of cognitive development which enables them to manage alone (Robinson, et al. 1986).

These three conclusions all imply a need for the further development of policy and program efforts directed toward school-age children. Current efforts toward family support, however, although increasing, must overcome a strong legacy of unwillingness on the part of government to become involved in

family, especially child-rearing, issues. The United States has been compared to developing, rather than developed, nations in its lack of consistent child-care planning (Pence 1979), yet it has continually resisted national public policy in this area (Beck 1982; Joffe 1983; "Cost of Care..." New York Times 1985; Sidel 1986; Bauer 1987). Richard Nixon's death-blow veto of the 1971 Comprehensive Child Development Act and the failure of Congress to pass subsequent bills in 1975 and 1979, effectively guaranteed that the United States would enact no comprehensive child-care legislation, at least in the short term (Belsky, et al. 1982; Levine 1982; Joffee 1983; Scarr 1984; Sidel 1986). Fragmented government programs have since provided only limited child-care assistance. Title XX of the Social Security Act provides states with matching federal funds for day care and other social services; the Aid for Families with Dependent Children income-disregard provision allows working parents to exempt earnings spent on child care from the income assessments that determine their welfare allotments; and the Head Start system offers pre-school instruction to children in poor families.² Nevertheless, none of these programs has addressed child care needs comprehensively, and none provides assistance for children in self-care (Belsky, et al. 1982; Joffee 1983).

The most recent developments in policy for self-care, however, are somewhat more heartening. In 1984, Congress authorized \$24. million, provided through the Dependent Care

Grants Program, to allow the Head Start program to include not-for-profit care for children of working parents before and after school (Strother 1984; Schroeder 1987). Though funding originally was limited to two years, Congress reauthorized the program in 1986 for an additional four years.³

For-profit ventures in the child-care arena have been even more limited. A strong faction of private care providers, for example, opposed the 1971 child development bill because its community control aspects, which ensured parental involvement in local centers, were believed to invite unnecessary regulation (Joffee 1983). Privately run centers also face resistance by some parents who feel that corporate profits should not be made from child-care services. Perhaps because of the tradition of offering low pay to babysitters, even affluent parents find that per-child rates approaching the minimum hourly wage grossly exceed their limits of acceptability. Moreover, the poor are excluded from for-profit services not linked to Title XX funding or sliding fee scales.

In summary, the demand for child-care services fails to be met, in spite of its steady growth, because Americans have been either unwilling or unable to fund an adequate number of high quality public or private providers. As long as this remains true, one can expect increasing reliance on self-care. The nation's lack of a comprehensive child-care policy, however, has stimulated a number of creative programming efforts to meet

parents' and childrens' needs. With public policy so limited, a small but significant number of private employers have attempted to accommodate the needs of their staffs by structuring company policies to support, rather than conflict with, family responsibilities. The quid pro quo, of course, is that management studies have shown increased absenteeism and decreased attention levels to reduce employee productivity when family and job responsibilities are in conflict (Fernandez 1986). Flexible work hours, job-sharing, employer-sponsored child care, extended leaves for new parents (both biological and adoptive), and benefit plans covering some child-care costs ease the burden of family responsibility for a growing number of workers. Pay equity, however, which would provide greater flexibility for all parents except single males, remains in the conceptual stage.

Existent programs, while making a significant contribution, still fall considerably short of the ideal. Not only is the number of employers offering such plans quite limited,⁴ but, as Sidel (1986) has pointed out, since most of these employers are non-unionized corporations, large segments of the American workforce are excluded from family-support benefits. That unions may assume a greater role in the future, however, is suggested by the success of a collaborative child-care program in California linking the efforts of the Santa Clara County Public Service Workers Union and the San Jose YWCA. The program, which was established in 1984 to provide supervised

care for children in kindergarten through eighth grade, will expand in 1987 and has been cited as a model for other organizations (School Age Child Care Project 1986).

Employer-provided child care and related benefits nonetheless are designed almost exclusively to assist families with pre-school children.⁵ Innovative programming for the care and supervision of school-age children has been developed instead by not-for-profit community service organizations and local school boards, and can be divided generally into three categories: training programs for both parents and children in how to structure and supervise self-care, telephone services to provide information and support to children at home alone, and activities programs serving as alternatives to self-care.

Training programs for self-care children have proliferated across the country. Most have sought to remind families of both the opportunities and the pitfalls of self-care, and to encourage parent-child dialogue in hopes of assuring safe and pleasant self-care experiences. Perhaps most notable among these training efforts is the "I'm In Charge" program which has been offered by local chapters of the National Committee for the Prevention of Child Abuse in eight United States cities (Gray 1986). The goal of the NCPA program has been to bring parents and children to agreement on procedures to be followed in both routine and threatening circumstances. Strother (1984), Gerland (1985), and Lipsitz (1986) have discussed

similar programs designed to educate families in planning effective self-care routines which may include completing homework and assigned household duties, checking-in with parents or neighbors by phone, watching limited amounts of television, playing outdoors, making snacks, and other activities deemed safe and practical by parents.

Telephone services, such as PhoneFriend in State College, Pennsylvania (Galambos and Dixon 1984; Landers 1986) and Chatters in Seattle (Fernandez 1986) provide contact with trained adults for children who may feel isolated, afraid or bored; who may need practical information of either a routine or an emergency nature; or who would simply like to speak with friendly people who care about them.

Most reported programming efforts, however, have aimed toward providing alternatives to self-care, particularly during after-school hours. In 1982, the School-Age Child Care Project, after reviewing dozens of programs administered in diverse geographical areas, published School-Age Child Care: An Action Manual (Baden, et al. 1982), which discusses all facets of the development of self-care alternatives and describes a number of diverse, well-established programs. Many programs described both in the SACC manual and elsewhere tap public school resources for space, custodial support, and, in some cases, administration (Mills and Cooke 1983; Strother 1984; Landers 1986). Others are managed by local government agencies

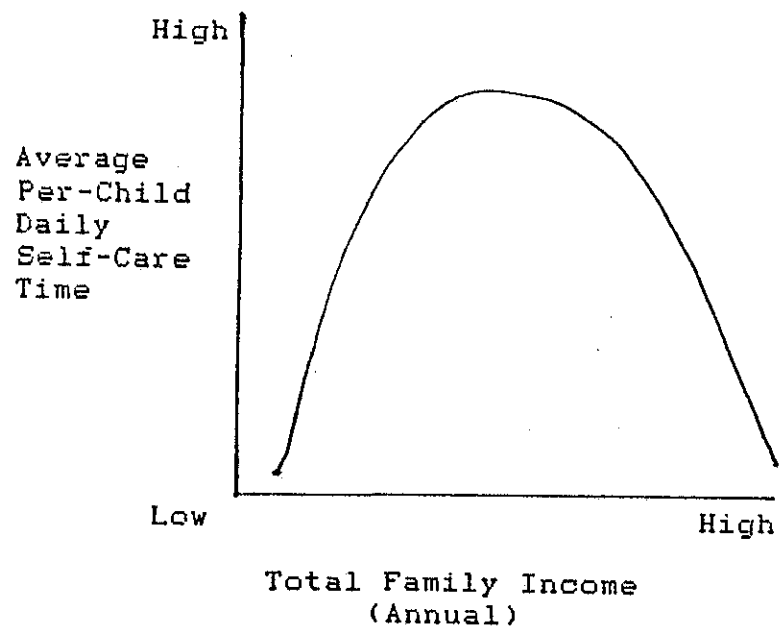
or community groups who may combine their efforts with local school boards and/or operate in compliance with board regulations (Baden, et al. 1982; Strother 1984; Landers 1986). One program makes family homes available to children after school (McKnight and Shelsby 1984),⁶ while another, established as early as 1972, has recruited retired men and women from the local community to staff a network of centers for school-age children (Ellis 1972).⁷ In London, where child-care needs match those of American cities, a successful program was designed to accommodate the residents of a low-income housing project. It occupies a nearby single-family dwelling which, it is believed, can encourage parents to become involved because of its non-institutional appearance (St. John-Brooks 1982). It can be seen, then, that programs for school-age children are as varied as the families they serve, though they share common concerns for the health, safety, education and enjoyment of their participants.

CHAPTER TWO: STATEMENT OF THE HYPOTHESIS

While a great deal of information about children in self-care has been gained from research conducted to date, findings have been limited by the local nature of the surveys on which they have been based. The resultant literature has focused particularly on the well-being of the subjects of these surveys and on the policy and program considerations raised by the self-care phenomenon, while probing other issues inherent in self-care has been inhibited by the lack of data based on national random samples.⁸

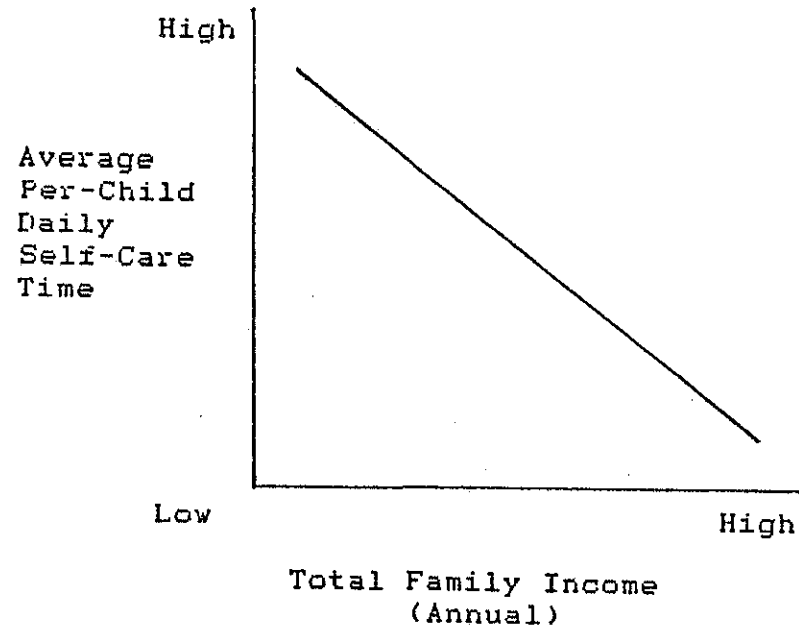
The recent availability of the results of the December, 1984 Current Population Survey (CPS) Supplement, however, now allows some examination of the demographics of families employing self-care, and has provided the basis for the present study. The hypothesis to be tested through the analysis of these data is that a comparison of urban, civilian black and white families will reveal different patterns of usage of self-care for the two racial groups, particularly at lower levels of family income. More specifically, it is expected that children of black families will practice self-care less than those of white families, and that, for children of black families, the relationship between total family income and the average amount of time each child spends in self-care will be curvilinear, while for children of white families the same relationship will be inverse (Figure 1). Specific differences

Figure 1. Hypothesized Relationship Between Average Per-Child Daily Self-Care Time and Total Family Income According to Race of Head of Household.



Race of Head of Household:

BLACK



Race of Head of Household:

WHITE

are expected to be seen at low income levels, where, as will be discussed below, black families are believed likely to show less reliance on self-care than similarly-situated white families. Although these differences are assumed to be attributable to the more extensive use of kin-provided child care by blacks than by whites, the study examines only patterns of the use of self-care, and does not investigate who provides care when self-care is not used.⁹ This secondary analysis focuses on the urban population, as defined by residence within an SMSA, since the vast majority of black Americans reside in urban areas. Military personnel have been eliminated because special military housing configurations could affect patterns of self-care in ways that are not generalizable to the larger American population.

The hypothesis has been derived largely from reports describing the functions of kinship networks in the care of children in black families--particularly Stack's ethnographic study, All Our Kin (1974), Hill's 1971 and 1977 discussions of adoption in black families, and McQueen's 1979 report of the extent of black families' participation in or withdrawal from kinship networks as related to income and coping skills.¹⁰ From Stack's study, it is expected that kinship networks will serve as affordable or cost-free child-care providers among low-income black families, presumably thus reducing the need

for working parents to choose self-care for their children. As Stack explains,

Black families in The Flats [a low-income black neighborhood in a medium-sized Midwestern city] and the non-kin they regard as kin have evolved patterns of co-residence, kinship-based exchange networks linking multiple domestic units, elastic household boundaries, lifelong bonds to three-generation households...[p. 125, emphasis added].

[They] need a steady source of cooperative support to survive. They share with one another because of the urgency of their needs. Alliances between individuals are created around the clock as kin and friends exchange and give and obligate one another. They trade food stamps, rent money, a TV, hats, dice, a car, a nickel here, a cigarette there, food, milk, grits and children [p.32].

Temporary child care services are...a means of obligating kin or friends for future needs. Women may ask to "keep" the child of a friend for no apparent reason. But they are, in fact, building up an investment for their future needs [p. 82].

Stack also emphasizes that, because children are highly valued, "...temporary child-exchange is a symbol of mutual trust [p. 28]." She adds, "It provides a means of acquiring self-esteem. People began accepting my trust and respect when I trusted my son with them [p. 29]."

An example of the day-care function of the kinship-based exchange network is presented thus:

Vilda, Ann's daughter and Ethel's niece, had the opportunity to get a job she wanted. But she had to begin work immediately. Ann was

working and Vilda had difficulty finding someone to care for her daughter Betty, who was four years old. She asked her cousin Georgia to take care of her daughter during the day and offered to pay her ten dollars a week [p. 77].

White families also rely on kin for both instrumental and material support, particularly, as Hill (1971) points out, at low-income levels. Nevertheless, differences between the role of kin in the two races have been noted. With regard to child care, Hill (1971, 1977) suggests that observable differences may be derived from variations in systems for the adoption of children. With agencies administering formal adoptions traditionally excluding children of poor black mothers, kinship networks have provided for their participants' children through informal absorption, an adaptation some scholars feel is rooted in traditional African customs (Aschenbrenner 1975; Hill 1977; Shimkin, Louie and Frate 1978; Shimkin and Uchendu 1978).

Such adoptions may be either long-term or temporary, based on the needs of the children and of both the biological and the adoptive parents. These needs may arise from teenage or out-of-wedlock pregnancy, separation, divorce, death, or the restructuring of households or conjugal relationships (Stack 1974; Aschenbrenner 1975; Hill 1977). Moreover, as Hill explains,

A frequent reason for temporary or short-term adoption is to permit one or more parents to go to work or to attain a more secure economic footing....Such short-term informal adoption is often an extension of the day care functions provided daily by the black extended family in permitting a parent to go to work....Proximity of a relative to a school is also a factor leading to informal adoptions [pp. 47-48].

While Hill (1971) does not present statistics comparing black and white families' reliance on kin specifically for day care, he does conclude that, in general, black families are more likely to absorb children than are their white counterparts:

When we examine [1970] census data for families with no children of their own under 18 at home, we find that black families are much more likely than white families to take in other young related members. In husband-wife families, only three percent of white families compared to 13 percent of black families took in relatives under 18. In families headed by a woman, the black families demonstrate an even greater tendency to absorb other related children. Forty-one percent of them, compared to only seven percent of similarly-situated white women, had relatives under eighteen living with them [p. 5].¹¹

Hill is speaking here of long- or short-term adoptions, rather than day-care arrangements. Yet if attitudes regarding the absorption of children by black families can be applied to the day-care derivative, one should expect that greater reliance on kinship networks by black working parents than by white working parents would lead to lower rates of self-care

use by black families than by white families. The present study seeks in part to confirm or deny the existence of this difference by means of empirical analysis.

Further refinement of the hypothesis was made possible by McQueen's 1979 study of the relationship of black families' reliance on kin to their income and coping skills. McQueen found that, among black families living at or below the poverty level, those who managed to cope with hardship most effectively and to achieve a degree of upward mobility despite severely restrictive circumstances had established independence from kinship networks to a greater extent than their less-mobile counterparts. McQueen's "future-oriented" families were believed to have withdrawn from their kin primarily to avoid the economic entrapment brought on through the exchange function of the networks. He explains:

This system of reciprocity can be an extremely effective means of pooling resources to provide help to those ordinarily in need, as well as assisting with the recurring crises that plague the poor....[It means, however,] that it is virtually impossible to have control over one's resources, to manage the family income for optimal advantages in the quest for family goals. It is for this reason, I hypothesize, that future-oriented parents tend to avoid extended-family reciprocities and obligations [p. 97].

Stack (1974) also has acknowledged the benefits of independence from obligations to kin:

...Edith's sister Ann had been married and was living fairly well. Ann was not an active participant in the domestic network of the sisters: she did not participate in the daily flow of exchanges among the sisters, and more often than not, Ann avoided exchanges of services which might obligate her to her sisters [p. 77].

After Lydia married Mike, she no longer received AFDC [Aid for Dependent Children] benefits for her children. Lydia and Mike acquired steady jobs, bought a house and furniture, and were doing very well....they purposely removed themselves from the network of kin cooperation, preventing their kin from draining their resources [pp. 95-96].¹²

McQueen's study was conducted in the mid-1960's and Stack's in the early 1970's. Taylor, however, has assembled more recent data indicating a positive relationship between income and family support. Through the analysis of interviews conducted in 1979 and 1980, he found support to be received more often by middle-income families than by low-income families and by families with children than by those without children. The relationship of receiving support to the presence of children in the supported family is consistent with McQueen's and Stack's conclusions. The positive relationship between income and support, however, is not. Instead it supports McAdoo's (1978) report that "middle-income [blacks], unlike McQueen's working-class sample and Stack's poverty sample, did not have to avoid the reciprocal obligations of their extended kin-help network in order to realize their own mobility goals [p. 775]."

The important variable in the differential findings of these researchers appears to be the level of standing the upwardly-mobile family has attained. For example, more than half the heads of households interviewed by McAdoo were college-educated (41% had graduate or professional training), and roughly half her subjects' parents had high school diplomas. All had achieved middle-class status, and 91% of those whose parents had been upwardly mobile as well ranked in the two highest categories of occupational status and educational attainment. Thus, while McQueen has investigated the earliest stages of mobility from poverty toward the working class, McAdoo has examined the path from the working class to the middle class. Moreover, McAdoo found "The hypothesis that families who were born working class would have higher reciprocal obligation expectations than families who were born middle class was supported by the data [p. 774]." Stack's findings suggest the obligations of reciprocity among families in poverty to be greater still. Thus, it may be that separation from kin-centered exchange obligations is at least a temporary necessity for poor and near-poor black families seeking to reach the working class because they bear the greatest burden of reciprocity. In contrast, families at higher income levels may find support more readily available without accompanying obligations. In addition, these families are better equipped to reciprocate when it is expected without the threat of seriously depleting their resources.

All of the studies discussed above have considered primarily the economic functions of the kinship network, rather than the more instrumental forms of support, such as the provision of child care. It is assumed, however, that, as participation in network exchange brings with it both material and instrumental support, withdrawal from it reduces or eliminates access to all its resources. Thus, one would expect families withdrawing from kinship networks in order to facilitate upward mobility to have access to fewer resources of instrumental aid, including child care, than those who sustain their participation.

In consideration of this assumption, the hypothesis for the present study can be refined to suggest that, if the extent of reliance on children's self-care among white families depends primarily on the availability of economic resources, and if the extent among black families is influenced by both economic resources and resources for instrumental aid through network participation, the pattern of the use of self-care as related to income would vary according to race more at lower income levels than at middle or higher levels. Specifically, it is expected among families relying on self-care that the relationship between family income and the amount of self-care employed by white families would be inverse--i.e., as family income rises, reliance on self-care will drop. Among black families, however, it is expected that the use of self-care at low-income levels, because of the availability of kin providers,

will be lower than that of their white counterparts. Furthermore, it appears likely that, when the income of black families rises slightly, self-care use will rise as well, as families moving out of poverty and separating from their kinship networks lose access to child-care support. At yet higher income levels, the resort to self-care can be expected to drop, as commercial care becomes more affordable and the achievement of higher status facilitates greater participation in kin-centered exchange (Figure 1).

OPERATIONALIZATION OF THE CONCEPTS

Race

Because the hypothesis suggests the comparison of self-care children in black families with those in white families, child records from the CPS Supplement are analysed primarily according to race. Since the head of the household is assumed to make the decision regarding the extent of reliance on self-care, his or her race, rather than the race of the child, is established to be the first independent variable. Child records have been matched with corresponding head-of-household records by means of the household identification numbers assigned by the survey. In almost every case the race of the child is the same as the race of the head of the household (Table 1).

Table 1. Frequency Distribution of Children in Self-Care
by Race of Child and Race of Head of Household,
December, 1984.

		Race of Head of Household			
		<u>White</u>	<u>Black</u>	<u>Other</u>	<u>Total</u>
<u>Race of Child</u>					
White		731 (84.6%)	0 (00.0%)	4 (00.5%)	735 (85.1%)
Black		6 (00.7%)	88 (10.2%)	0 (00.0%)	94 (10.9%)
Other		9 (01.0%)	0 (00.0%)	26 (03.0%)	35 (04.0%)
Total:	N=	746 (86.3%)	88 (10.2%)	30 (03.5%)	846 (100.0%)

$p(x^2) < .001$

Cramer's V = .883

From the group of matched records, the child records--with appended data from the corresponding head-of-household records--have been separated according to the race of the head of household. The analysis compares the children of black families with those of white families, with occasional references to the combined group which includes other races as well.

Income

The second independent variable expected to affect the extent of a child's participation in self-care is annual family income. This is measured by means of the survey item "Total Family Income." Income values, recorded in ranges on the survey, have been collapsed into new values with ranges of \$5,000 each--e.g., under \$5,000; \$5,000 - 9,999; \$10,000 - 14,999 and so on. The uppermost value includes all incomes of \$40,000 a year or more.¹³

Children in Self-Care

To determine which children in the two established racial groups participated in self-care, responses to several items have been combined. The survey obtained data on time spent "alone or in the care of a non-parent" only for children in primary family units who were between the ages of three and

thirteen years and who were attending school.¹⁴ By means of items asking the relationship of the child to the caretaker (self, sibling, other relative, non-relative) and the age of the caretaker (less than twelve years, twelve or thirteen years, fourteen or fifteen years, sixteen years or more), it is possible to determine which children cared for themselves before or after school or at night and which were cared for by other children under the age of fourteen. Members of this population are defined to be children in self-care, and assigned a value of one on a newly-created variable. All other children between the ages of three and thirteen and attending school are assigned a value of zero on the same variable.

Amount of Time in Self-Care

The amount of time each child spent in regular self-care as reported in December, 1984 is measured by three survey items noting the amount of time the child spent alone before school, after school, and at night. For purposes of testing the stated hypothesis the responses for these three items have been combined for each child to indicate total self-care time per day. As in the case of total family income, the values recorded by the survey were indicated in ranges. The present analysis employs the sum of the mid-points of these ranges for each child's self-care time before and after school and at night.¹⁵ Because of this, reported figures on self-care should

be used primarily for comparison, rather than as exact indications of the numbers of hours children have spent alone each day.

METHODOLOGY

The data analysed in testing the hypothesis were gathered by means of a cross-sectional supplement appended to the December, 1984 segment of the Current Population Survey (CPS), a longitudinal study conducted by the US Bureau of the Census. The CPS, which is based on a national random sample, gathers data used primarily to monitor fluctuations in the US labor market. Respondents for the CPS are interviewed once a month for four consecutive months one year, and for the same four months the following year, in order to provide month-to month and year-to-year comparisons of the economic status and labor activities of the US population.

In addition, data are gathered from CPS respondents on a variety of topics via monthly CPS supplements. The supplements themselves are cross-sectional in nature--i.e., their items are directed to respondents only once, during the regularly scheduled interview--but data from each month's corresponding interview for the longitudinal study are also available to the analyst.

The present study incorporates a number of variables from the regular CPS survey into the supplement data. In addition

to the household ID number used for matching child cases to their corresponding heads of households, variables are extracted from the regular CPS to provide geographical data, data on family size and structure, family income, and the number of earners in each primary family unit. As stated earlier, the analysis is limited by the structure of the survey to records of children aged three through thirteen who were reported to be attending school. For conceptual reasons already explained, the present study analyzes only the records of children from civilian families resident within Standard Metropolitan Statistical Areas. Children in self-care are defined to be those who in December, 1984 regularly spent some part of their school days alone or in the care of other young people under the age of fourteen.

In exploring the relationship between reliance on self-care and two independent variables, the race of the head of household and total family income, two approaches are used. First, the use or non-use of self-care is examined through frequency distributions and bivariate correlations. Second, the average self-care time per child per day is plotted against the level of family income, to determine if this relationship is curvilinear for black families and linear/inverse for white families as predicted.

In evaluating the use or non-use of self-care as relative to the independent variables, chi square is used to

determine statistical significance, with phi and Cramer's V employed as measures of association. In addition to the two independent variables established in the hypothesis (race and income), five additional variables are introduced to determine their effects on the use or non-use of self-care. A comparison of phi and Cramer's V indicates the relative strength of each independent variable in affecting this dependent variable. Analysis of variance and multiple regression are employed to explain the effects of the independent variables on the amount of time spent in self-care.

CHAPTER THREE: ANALYSIS OF THE DATA

As discussed earlier, Hill (1971) has reported that black families are more likely than white families to "absorb" informally the children of friends and relatives into their homes. This provision of child care, especially when employed on a temporary basis to enable parents to work, suggests that self-care is less likely to be used by black families than by their white counterparts. Further research by Stack (1974), McQueen (1979) and others suggests that the amount of time spent in self-care by each child each day, which is expected to be inversely related to income among white families, may follow a different pattern among black families, with reliance among black families associated with the strength of kinship ties, which in turn may be associated with income. If it is true that black families emerging from poverty sever their kinship ties at least temporarily, self-care time should be highest for black families at the income level where that distancing occurs, assuming kin-provided care is available at lower income levels and commercial care is affordable at higher levels (Figure 1).

The analysis which follows seeks to document not the use of kinship networks in the provision of child care, since adequate data for such analysis are not available, but rather the patterns of reliance on self-care among black and white families to determine if kinship networks are possibly

affecting reliance on self-care. Two chief questions are asked:

- 1) Who uses self-care?
- 2) How does daily per-child self-care time relate to family income?

The results for the two racial groups are compared. In some cases, the correlation of an independent variable with a dependent variable also may reveal noteworthy findings about children in self-care in general without strong relevance to the role of kinship networks. These additional observations will be discussed as well.

WHO USES SELF-CARE?

When the proportion of children from black families found to practice self-care is compared with that of children from white families, use of self-care among blacks is found to be extremely low. In fact, the 17,028 child records drawn from urban civilian families via a national random sample weighted to represent the racial proportions of the general population indicate that 1,936 of the children resided in black families (as defined by head of household), but only 88 children, or about 4.6% of that group, were in self-care at the time of the interview. By comparison, 8,861 of the children resided in white families, with 746, or about 8.4% in self-care (Table 2)¹⁶. When looked at from a slightly different perspective, these figures show that 10% of all self-care children in the sample

Table 2. Frequency Distribution of Children in Self-Care by
Race of Head of Household, December, 1984.

Race of Head of Household				
	<u>White</u>	<u>Black</u>	<u>Other</u>	<u>Total</u>
All children aged 3 through 13 and attending school N=	8861* (100.00%)	1936* (100.00%)	528 (100.00%)	11325 (100.00%)
Children in self-care n=	746 (08.42%)	88 (04.55%)	30 (05.68%)	864 (07.63%)
Without caretaker	565	66	22	653
% of N	(04.26%)	(03.41%)	(02.64%)	(05.77%)
% of n	(75.74%)	(75.00%)	(73.33%)	(75.58%)
With caretaker under age 14	181	22	8	211
% of N	(02.04%)	(01.14%)	(00.96%)	(01.86%)
% of n	(24.26%)	(25.00%)	(26.67%)	(24.42%)

*t = 6.938
(two-tailed test)

p < .001

reside in black families while 86% live with white families. As will be seen, the low number of reported black cases renders statistically significant comparison with whites quite difficult. Moreover, underreporting is assumed to have influenced the findings regarding both racial groups.¹⁷ Nevertheless, the strikingly small number of black cases derived from a survey with a national scope is notable.

Frequency distributions of children in self-care according to family income place the largest share of the cases (205) among white families with annual incomes of \$40,000 or more. This figure represents almost a quarter of the children in self-care from black and white families and is considerably higher than the proportional representation in any other income group of either race (Table 3). If one looks at children from families above the \$30,000 level, one finds that 385, or 44.5% of those in self-care, are found there, but only 13 children, roughly 3% of the 385, have black heads of households. The rest are from white families. Further analysis demonstrates that over 60% of the children in self-care at these high levels of income (\$30,000 or more) reside in dual-earner families. This figure represents approximately 28% of the total self-care sample of which only 1.4% are children from black families and 26.5% are from white families (Table 4). The survey indicates that a disproportionately high number of children in self-care reside in high-income dual-earner white families.

Table 3. Frequency Distribution of Children in Self-Care by Race of Head of Household and Total Family Income, December, 1984.

		Race of Head of Household	
		<u>Black</u>	<u>White</u>
All Children Aged 3-13 and Attending School			
	N =	1936 (100.00%)	8861 (100.00%)
Children in Self-Care			
	n =	88* (04.55%)	746* (08.42%)
Total Family Income			
1. Under \$5,000.		10 (00.52%)	16 (00.18%)
	% of N	(00.52%)	(00.18%)
	% of n	(11.36%)	(02.14%)
2. \$5,000 - 9,999.		18 (00.93%)	34 (00.38%)
	% of N	(00.93%)	(00.38%)
	% of n	(20.45%)	(04.56%)
3. \$10,000 - 14,999.		12 (00.62%)	59 (00.67%)
	% of N	(00.62%)	(00.67%)
	% of n	(13.64%)	(07.91%)
4. \$15,000 - 19,999.		13 (00.67%)	93 (01.05%)
	% of N	(00.67%)	(01.05%)
	% of n	(14.77%)	(12.47%)
5. \$20,000 - 24,999.		9 (00.46%)	75 (00.85%)
	% of N	(00.46%)	(00.85%)
	% of n	(10.23%)	(10.05%)

(continued on following page)

(Table 3. continued)

		Race of Head of Household	
		<u>Black</u>	<u>White</u>
Total Family Income			
6.	\$25,000 - 29,999.	12	77
	% of N	(00.62%)	(00.87%)
	% of n	(13.64%)	(10.32%)
7.	\$30,000 - 34,999.	4	94
	% of N	(00.21%)	(01.06%)
	% of n	(04.54%)	(12.60%)
8.	\$35,000 - 39,999.	3	73
	% of N	(00.15%)	(00.82%)
	% of n	(03.14%)	(09.79%)
9.	\$40,000 and over	6	205
	% of N	(00.31%)	(02.31%)
	% of n	(06.82%)	(27.48%)
Missing Cases		1	20
χ^2		18.393	63.763
p		< .05	< .001
Cramer's V		.098	.087

*Total n for all races (black, white, other) = 864.

Table 4. Frequency Distribution of Children in Self-Care from
High-Income Families with Two Wage Earners, December, 1984.

	Race of Head of Household		
	<u>Black</u>	<u>White</u>	<u>Total Black and White</u>
Children in self-care from high-income families (\$30,000 or more)	13 (03.38%)	372 (96.62%)	385 (100.00%)
Children in self-care from high-income families with two wage-earners	12 (03.12%)	229 (59.48%)	241 (62.60%)
% of total self-care sample (all races) n=864	01.39%	26.50%	27.89%

Two additional general observations can be made. First, the proportion of self-care children left completely alone rather than in the care of other youngsters under age 14 is nearly identical for the two racial groups: 75% for blacks, 76% for whites. Second, although children in black families are less likely to be left alone regularly, the average amount of self-care time per child per day for all income groups may be slightly higher for blacks than for whites: 2.33 hrs/day versus 2.08 hrs/day. The difference, however, is not statistically significant (two-tailed t-test, $p = .160$).

These findings indicate not only that black use of self-care is generally quite low, but also that most self-care children reside in upper-income, dual-earner white families. In spite of this difference, however, the practices of the two racial groups are quite similar regarding, first, leaving children alone or with siblings, and, second, the amount of time each child spends alone each day.

At this point, the difference in the two racial groups' use of self-care appears to lie in the overall extent of self-care practice rather than in the finer areas of how (i.e., with or without siblings) and for how long self-care is used. To further investigate this difference, however, six antecedent independent variables can be introduced to determine their effects on the general pattern of self-care practice. When levels of significance and measures of association for the

relationship of these variables and the variable of race to the dependent variable, use or non-use of self-care, are compared, the relative impact of each independent variable can be seen.

Effects of Income

If the role of kinship networks in the provision of child care is stronger, as expected, among low-income black families than among middle- or high-income black or white families, the practice of self-care among children from low-income black families should be significantly less common than among similarly-situated children from white families. At other income levels, particularly where the separation of black families from the kinship network would be expected to occur, the practices of black and white families should be more similar.

The data presented in Table 5, however, indicate no significant difference between blacks' and whites' use of self-care below the income level of \$15,000-19,999 per year. Moreover, while the relationship of the use of self-care among children from black families to family income is curvilinear, self-care use among blacks does not peak at the \$15,000-19,999 level where it would be expected to peak due to the separation of upwardly mobile families from their kin networks. Instead, it peaks at a considerably higher level--\$25,000-29,999--before dropping to rates similar to those found at lower income levels

Table 5. Frequency Distribution of Children Aged 3 through 13 and Attending School and of Children in Self-Care by Race of Head of Household and Total Family Income, December, 1984.

Total Family Income	Race of Head of Household					
	Black			White		
	n	Children in Self-Care	Percentage of n	n	Children in Self-Care	Percentage of n
Under \$5,000.	463	10	02.16%	496	16	03.23%
\$5,000 - 9,999.	397	18	04.53%	762	34	04.46%
\$10,000 - 14,999.	280	12	04.29%	887	59	06.65%
\$15,000 - 19,999.	214	13	06.07%*	875	93	10.63%*
\$20,000 - 24,999.	146	9	06.16%	982	75	07.64%
\$25,000 - 29,999.	109	12	11.10%	953	77	08.08%
\$30,000 - 34,999.	81	4	04.94%	938	94	10.02%
\$35,000 - 39,999.	60	3	05.00%	732	73	09.97%
\$40,000 and over.	133	6	04.51%**	1855	205	11.05%**
Total	1883	87	04.62%**	8480	726	08.56%**
Missing cases	53		02.74%	381		04.29%
x ²	18.393			63.763		
p	< .05			< .001		
Cramer's V	.098			.087		

*Significant difference between racial groups: $p < .05$, two-tailed t-test

**Significant difference between racial groups: $p < .001$, two-tailed t-test

of about \$5,000-15,000. Significant differences between black families' use of self-care and that of white families are seen only at the \$15,000-19,999 levels and over \$40,000, and at both these levels, whites use self-care more than blacks.

Before drawing the conclusion, however, that kinship networks do not play a significant role in the relationship of the variables seen in Table 5, it is wise to notice the distribution according to income of all children (n) and not just those practicing self-care. At income levels below \$20,000--where almost three quarters of the cases from black families are found--the practice of self-care by black families does rise with income as expected. It is possible that neither the true differences between the two racial groups nor the practices of middle- and upper-income black families can be seen clearly because of the small number of cases from white families at low income levels and of black families at high income levels.

Effects of Child's Age and Number of Earners in the Family

Income has been expected to be a strong predictor of the use or non-use of self-care but is found instead to be somewhat weak. As this is in part due to the unbalanced distribution of cases in each racial group, a survey with cases more evenly distributed by race and income would be likely to yield more reliable findings regarding the influence of income on self-

care. In the present survey however, both the age of the child and the number of earners in the family prove to be better predictors of which children in either racial group will be involved in self-care.

Age of Child

One might expect kin-provided care to be more available where small children are concerned. If this were the case, and if kin-provided care were the primary determinant of the difference in black families' and white families' use of self-care, one would find more significant differences in the practices of the two racial groups among younger, rather than older, children. The data, however, reveal a trend in the opposite direction (Table 6). As one would predict, older children stay alone more frequently than younger children, regardless of race. In fact, the data indicate that nearly 60% of the self-care children in the sample are between the ages of eleven and thirteen, a finding that might diminish the fears of those who have assumed large numbers of very small children are being left to fend for themselves. Yet among school-age children (those aged five and over), the difference in black families' use of self-care versus that of white families is more significant at higher, rather than lower, age levels. Furthermore, black families' use of self-care remains lower at all age levels, and in the eleven- to thirteen-year-old group, its proportion is less than half that of white families. This

Table 6. Frequency Distribution of Children Aged 3 through 13 and Attending School and of Children in Self-Care by Race of Head of Household and Age of Child, December, 1984.

	Race of Head of Household					
	Black			White		
	<u>n</u>	<u>Children in Self-Care</u>	<u>Percentage of n</u>	<u>n</u>	<u>Children in Self-Care</u>	<u>Percentage of n</u>
<u>Age of Child</u>						
3 - 4 years	147	1	00.68%	691	9	01.30%
5 - 7 years	574	10	01.74%*	2596	82	03.16%*
8 - 10 years	593	32	05.40%*	2705	214	07.91%*
11 - 13 years	622	45	07.23%**	2869	441	15.37%**
Total	1936	88	04.55%**	8861	746	08.42%**
Missing Cases	0			0		
x ²	26.815			319.313		
p	< .001			< .001		
Cramer's V	.117			.190		

*Significant difference between racial groups: $p < .05$, two-tailed t-test.

**Significant difference between racial groups: $p < .001$, two-tailed t-test.

may indicate that kin-provided care creates significant differences between the two racial groups at all age levels or that other variables, e.g., the stronger likelihood of black parents' working complementary shifts, may cause the observed differences.

The age variable may also be particularly sensitive to underreporting, though this is likely to occur in both racial groups. Since underreporting is felt to result from parents' fears of their children's vulnerability and from fears of charges of neglect, the parents of younger children may be more prone to hide the practice of self-care.

Number of Earners

The number of earners in the family proves to be a stronger predictor of the use of self-care than does the marital status of the child's parents. As seen in Table 7, dual-earner families, both black and white, are more likely to use children's self-care than are single-earner or multiple-earner families. Moreover, when black and white dual-earner families are compared, blacks continue to use self-care less.

It is interesting, however, that when single-earner families are separated according to the number of parents resident in the home, the distinctions in the practices of the two racial groups are even sharper, with white single-parent, single-earner families relying twice as much on self-care as

Table 7. Frequency Distribution of Children Aged 3 through 13 and Attending School and of Children in Self-Care by Race of Head of Household and Number of Wage Earners in the Family, December, 1984.

	Race of Head of Household					
	Black			White		
	<u>n</u>	<u>Children in Self-Care</u>	<u>Percentage of n</u>	<u>n</u>	<u>Children in Self-Care</u>	<u>Percentage of n</u>
<u>Number of Wage Earners in Family</u>						
No Earners	659	12	01.82%	1462	40	02.74%
1 Earner	702	43	06.13%	3846	263	06.84%
Single-parent	450	33	07.33%*	877	98	18.81%*
Dual-parent	252	10	03.30%	2969	165	03.97%
2 Earners	481	33	06.86%*	2936	375	12.77%*
3 or More Earners	94	0	00.00%*	617	68	11.02%*
Total	1936	88	04.55%*	8861	746	08.42%*
Missing Cases	0			0		
χ^2	25.732			151.295		
p	< .001			< .001		
Cramer's V	.115			.131		

*Significant difference between racial groups: $p < .001$, two-tailed t-test.

their black counterparts. The availability of help from relatives or friends may make a profound difference for the black single parents, of whom all but one in the present sample are women.

Another notable observation can be made in comparing multiple-earner families. While 11% of the more than 600 children from such families in the white group practice self-care, none of the 94 children in the corresponding black group does so. This may indicate that one or more of the earners in each of the multiple-earner black families works part-time or that earners' shifts are complementary. Of course, these practices occur among whites as well, yet the data suggest that they may be more common among black families.

Effects of Other Variables

Family Size

Family size, family structure and the location of the family's residence within the SMSA are all significantly correlated with the use of self-care among white families. Yet, of these, only family size is significantly correlated with the practice of self-care among black families (Table 8).

Although family size is a significant predictor of the use of self-care for both black and white families, strong differences between the two groups' practices are apparent only among single-parent families. In two-member families--i.e.,

Table 8. Frequency Distribution of Children Aged 3 through 13 and Attending School and of Children in Self-Care by Race of Head of Household and Size of Family, December, 1984.

	Race of Head of Household					
	Black			White		
	n	Children in Self-Care	Percentage of n	n	Children in Self-Care	Percentage of n
Family Size						
Two Members	170	8	04.71%*	337	52	15.43%*
Zero Earners	72	1	01.39%	116	6	05.17%
One Earner	98	7	07.14%*	221	46	20.81%*
Three to Five Members	1368	71	05.19%*	6859	631	09.20%*
Single-Parent	781	37	04.74%*	1196	146	12.21%*
Dual-Parent	587	34	05.79%**	5663	485	08.56%**
Six or More Members	398	9	02.26%	1665	63	03.78%
Total	1936	88	04.55%*	8861	746	08.42%*
Missing Cases	0			0		
x ²	6.106			73.304		
p	< .05			< .001		
Cramer's V	.056			.090		

*Significant difference between racial groups: $p < .001$, two-tailed t-test.

**Significant difference between racial groups: $p < .01$, two-tailed t-test.

those with one parent and one child--there are, interestingly, very few cases with no wage earners in either racial group, suggesting that few of these single parents receive welfare payments or have other non-wage sources of income. Of those children from two-member families whose parents are earning wages, the proportion residing in white families as opposed to black families is nearly three times as great (21% versus 7%). Again, in single-parent families with three to five members--i.e., with two to four children--the proportion of self-care children from white families is two and a half times that of children from black families (12% versus 5%). These findings are consistent with those reported in the analysis by number of wage earners.

Among dual-parent families with three to five members (one to three children), the observed differences between the two racial groups are significant, but at a lower level. Of children from black, dual-parent families of this size, 6% practice self-care, whereas the corresponding proportion for children from white families is close to 9%. The data here, however, do not reflect the influence of the number of wage earners on the use of self-care, which has already been found to indicate a strong difference between the two races. In large families with six or more members, no significant differences appear in the practices of the two racial groups, presumably because more family members are available in both groups to provide care.

The data regarding the effects of both the number of earners in the child's family and the size of the family strongly suggest the influence of kin-provided care as an explanation of the differences in the two racial groups. If the differences were attributable only to black families' access to complementary shift work, they would not be visible among single parent families. Instead, we find the distinctions to be sharpest among single-parent families which is where one would expect kin to offer more extensive support.

Family Structure and Location of Residence

As mentioned earlier, neither family structure (i.e., designation as a single- or dual-parent family) nor the location of the family residence in the SMSA (within or outside the central city) is a significant predictor of the use of self-care among black families. Because of this, comparisons of child records from black and white families may not be significant in spite of t-test results. The patterns noted merit brief discussion, however, as they highlight authentic patterns that might be replicated through use of a larger sample.

Family Structure

The correlation of family structure with the use or non-use of self-care represents findings that have already

been reported--namely, that the difference between black families' and white families' use of self-care is more significant among single parent families (Table 9). It is interesting to note further, however, that children in self-care from black families are fairly equally distributed between single-parent and dual-parent homes, whereas their counterparts from white families reside largely in dual-parent families. Though this finding does not suggest any particular pattern in the influence of kin-provided care (except that such care is likely to be available to both types of black families), it does indicate where a considerable proportion of self-care occurs--i.e., in white dual-parent families.

Location of Residence

As has been mentioned all cases considered in the analysis were children resident within SMSAs. For children in black families, the location of the home, whether within or outside the central city, was not a significant predictor of the use of self-care, as it was for children in white families (Table 10). The small number of children from black families outside central cities, moreover, diminishes the reliability of comparison based on that portion of the sample, especially since the measure of association indicates that, for whites as well, the relationship between the choice of self-care and the location of the family home is weak.

Table 9. Frequency Distribution of Children Aged 3 through 13 and Attending School and of Children in Self-Care by Race of Head of Household and Family Structure, December, 1984.

<u>Family Structure</u>	Race of Head of Household					
	<u>Black</u>			<u>White</u>		
	<u>n</u>	<u>Children in Self-Care</u>	<u>Percentage of n</u>	<u>n</u>	<u>Children in Self-Care</u>	<u>Percentage of n</u>
Single-Parent	1120	46	04.11%*	1652	208	12.59%*
Dual-Parent	816	42	05.15%**	7209	538	07.46%**
Total	1936	88	04.55%*	8861	746	08.42%*
Missing Cases	0			0		
χ^2	.949			45.175		
p	ns			< .001		
Cramer's V	.024			.072		

*Significant difference between racial groups: $p < .001$, two-tailed t-test.

**Significant difference between racial groups: $p < .01$, two-tailed t-test.

Table 10. Frequency Distribution of Children Aged 3 Through 13 and Attending School and of Children in Self-Care by Race of Head of Household and Location Within SMSA, December, 1984.

Location in SMSA	Race of Head of Household					
	Black			White		
	n	Children in Self-Care	Percentage of n	n	Children in Self-Care	Percentage of n
Within Central City	1407	59	04.19%*	2787	178	06.39%*
Low Income	888	27	03.04%	1031	44	04.27%
Middle Income	314	24	07.64%	846	58	06.86%
High Income	168	8	04.76%**	796	70	08.79%**
Missing Cases	37	0	02.63%	114	6	04.09%
Outside Central City	450	20	04.44%*	5671	532	09.38%*
Low Income	202	5	02.48%**	1003	54	05.38%**
Middle Income	140	9	06.43%	1823	172	09.43%
High Income	93	5	05.38%**	2589	293	11.32%**
Missing Cases	15	1	03.33%	256	13	04.51%
Total	1857	79	04.25%*	8458	710	08.39%*
Missing Cases (income and location combined)	79		04.08%	403		08.01%
x ²	.009			21.399		
p	ns			< .001		
Cramer's V	.005			.050		

*Significant difference between racial groups: $p < .001$, two-tailed t-test.

**Significant difference between racial groups: $p < .05$, two-tailed t-test.

The comparative proportions of self-care children resident within central cities, however, indicate a more reliably significant difference between the two racial groups, as it is based on a larger sample of children from black families. The general difference in proportion--4.2% (blacks) versus 6.4% (whites)--is significant at the .001 level. Yet when these cases are broken down by annual family income (low: under \$15,000; middle: \$15,000 - 29,999; high: over \$30,000) the difference is significant only at the highest income level, and here once again the small number of black cases calls reliability into question.

The provision of care by family or friends within black circles is no doubt facilitated by the proximity of kin residences in the central city, as Stack (1974) has described so clearly. Yet the interesting finding here is that the proportion of self-care children from white low-income families resident in central cities does not differ significantly from that of children from black families. One possible explanation is that the considerable number of cases for which no location was recorded in the survey creates an uneven distribution on that variable. Without further data, however, it is impossible to formulate a clear explanation.

Comparative Effects of Seven Variables on the Use of Self-Care

To answer the question, "Who uses self-care?", the effects of several independent variables on the dependent variable, use or non-use of self-care, have been discussed, together with implications regarding the "location" of the self-care phenomenon and the possible influence of the provision of care by kin networks among black families. Yet, to understand the relative effects of these variables within each racial group, some comparison is necessary. Because use or non-use of children's self-care comprises a dichotomous dependent variable, however, the use of multiple regression to assess the comparative influence of the independent variables on the dependent variable would produce misleading results (Heise, 1975). Thus, a simpler means of evaluation, namely the comparison of chi-square values, probability statements, and measures of association, is presented in Table 11. The levels of significance as indicated by the probability statements are affected by the sizes of the black and white samples. Thus, comparison of the measures of association, phi and Cramer's V, best explains the relative influence of the independent variables. Table 11 includes the chi-square values, probability statements, and measures of association for the six independent variables for children from black families and for children from white families. A third component of the table shows the comparative influence of these variables, plus the

Table 11. Effects of Two Hypothesized Independent Variables and Five Antecedent Variables on Use or Non-Use of Self-Care, December, 1984.

Race of Head of Household

Variable	Black			White			All Races		
	χ^2	p	¹ Phi or ² Cramer's V	χ^2	p	¹ Phi or ² Cramer's V	χ^2	p	¹ Phi or ² Cramer's V
Race*							36.808	< .001	.057 ¹
Income*	18.393	< .05	.098 ²	63.763	< .001	.087 ²	85.327	< .001	.089 ²
Age of Child**	26.815	< .001	.117 ²	319.313	< .001	.189 ²	360.362	< .001	.178 ²
No. of Earners**	25.732	< .001	.115 ²	151.295	< .001	.131 ²	174.769	< .001	.124 ²
Family Size	6.106	< .05	.056 ²	73.304	< .001	.091 ²	74.838	< .001	.081 ²
Family Structure**	0.949	ns	.025 ¹	45.175	< .001	.072 ¹	12.356	< .001	.033 ¹
Location in SMSA**	0.009	ns	.005 ¹	21.399	< .001	.051 ¹	33.304	< .001	.056 ¹

*Hypothesized independent variable

**Antecedent variable

variable race of the head of household, for all self-care children. This component indicates the impact of all seven variables on the sample as a whole.

The three sections of Table 11 indicate that income and race are significant but not strong predictors of the use of self-care. When the three components of the table are compared, one finds income to be a stronger predictor of self-care use than race, as it ranks third strongest among the variables for children of black families, fourth strongest for children of white families, and third strongest for all races (black, white, other) combined. Race is the fifth strongest predictor among the variables for the combined group.

The age of the child is found to be the strongest factor influencing the use or non-use of self-care for both racial groups, considered separately or in combination with all other races. The number of earners in the child's family is the second strongest predictor for all three groups and, like the age of the child, is quite strong compared to the other independent variables. Income and family size assert moderately strong influence on the choice of self-care, with income a stronger indicator for black families and for the combined group than it is for white families, where family size exerts slightly stronger influence.

Race as a predictor of reliance on self-care is weaker than the four variables described above, but is a stronger predictor than family structure or location of residence with the SMSA. The influence of the latter two variables is quite weak for all three groups and, as has been mentioned, is not significant among children from black families.

HOW DOES DAILY PER-CHILD SELF-CARE TIME RELATE TO
FAMILY INCOME?

When the average amount of time each child spends in self-care each day is plotted against income, it is expected that the relationship will be curvilinear for black families and linear/inverse for white families (Figure 1). As represented in Figure 2, the observed relationships follow the expected patterns. The curve representing the children of black families, in fact, shows average daily self-care time to peak at the \$15,000-19,999 level, which is consistent with McQueen's theory that kin resources are less available to upwardly mobile families breaking from poverty.

Yet regression analysis reveals that, while the relationship for children from white families is significant at the .01 level with income and self-care time inversely related, the curvilinear relationship observed for children from black families is not significant ($p > .05$, Table 12).¹⁸

Figure 2. Observed Average Per-Child Self-Care Time by Total Family Income and Race of Head of Household, December, 1984.

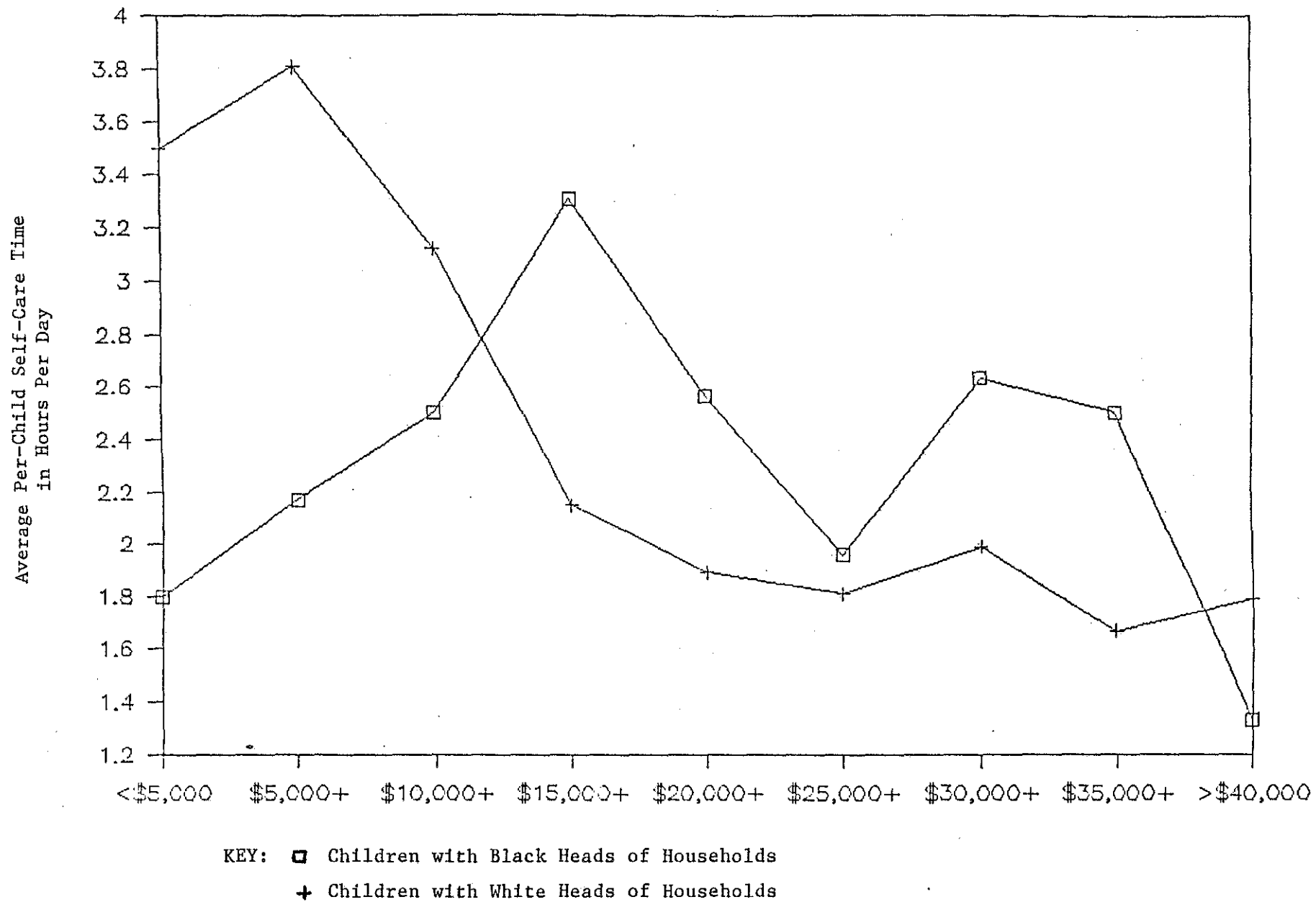


Table 12. Significance of Mean Per-Child Self-Care Time (in hours per day) as Related to Total Family Income for Children with Black and White Heads of Households, December, 1984.

<u>Race of Head of Household</u>	<u>Adjusted R²</u>	<u>F</u>	<u>Significance of F</u>
Black	.398	3.640	.092
White	.733	22.909	.002

The difference in these levels of significance is attributable first to the difference in the sizes of the two sub-samples: $n = 88$ (black) versus $n = 746$ (white). Secondly, it can be explained by the distribution of cases according to income, a factor which makes comparisons difficult because most black cases fall below the \$20,000 mark while most white cases appear at levels higher than \$25,000 (Table 3). Moreover, within the sample of children from black families, variance of the computed values for self-care time for the individual cases from the computed means for the cases' respective income groups weakens the significance of the curve, since no single variable or combination of variables can be found to cause the variance.

One-way analysis of variance yields F equal to 1.387 with a significance of .216 for children of black families. Yet for

children of white families, F is equal to 7.913 with a significance of .000. This suggests that a larger sample of children from black families is necessary to define clearly the pattern of self-care time for that group. Too few of the values for cases in the present sample lie on or near the curve of the means to assure its significance.

Further difficulties, resulting from the survey structure, arise in assessing the variance in self-care time. Because self-care time was recorded in non-contiguous ranges rather than in specific measured amounts, more cases in both racial groups (43% of each group) report total self-care time per day to be 1.5 hours than to be any other sum. With so many cases represented by the same value, significant distinction by income or any of the control variables is not possible.

Bivariate correlation of self-care time with income for those cases with daily self-care less than or equal to two hours per day (65% of the black sample and 73% of the white sample), indicates that children from black families may practice self-care for proportionately greater amounts of time than children from white families at low, medium and high income levels, thus suggesting a pattern varying from the expected (Table 13). Yet, again, because of the small number of cases of children from black families, the distribution is not statistically significant.

Table 13. Children in Self-Care by Number of Hours Spent Daily in Self-Care,
Race of Head of Household and Total Family Income, December 1984.

Race of Head of Household .

	Black			White		
	Hours of Self-Care Time*			Hours of Self-Care Time*		
	N	1.5-1.0	1.5-2.0	N	0.5-1.0	1.5-2.0
<u>Total Family Income</u>						
Under \$20,000.	33 (100.00%)	5 (15.15%)	28 (84.85%)	126 (100.00%)	28 (22.22%)	98 (77.78%)
\$20,000 - 29,999.	14 (100.00%)	3 (21.43%)	11 (78.57%)	119 (100.00%)	42 (35.29%)	77 (64.71%)
\$30,000 and Over.	10 (100.00%)	2 (20.00%)	8 (80.00%)	297 (100.00%)	108 (36.36%)	189 (63.64%)

*per child per day, in half-hour segments

Since comparisons cannot be made between the two racial groups as regards the amount of time each child spent in self-care at the time of the survey, it is impossible to measure the comparative influence of antecedent variables on self-care time for the two races separately. Multiple regression on the seven variables considered in evaluating the use or non-use of self-care, however, indicates the comparative influence of these variables on the combined racial group, and points out which factors significantly affect the amount of time self-care children in that group spend alone. Of the seven independent variables considered, only two are found to influence the dependent variable significantly. These are family structure (single- or dual-parent family) and income, with significance levels of .001 and .05, respectively (Table 14).

This regression yields little information relative to the hypothesis, since it includes too few cases from non-white families to reflect the influence of race. Yet, it does indicate that, in the overall picture of self-care children, most of whom are, in fact, resident in white families, family structure and income are strong determinants of the amount of time spent alone by the self-care child. The indication is that self-care children are not only more likely to reside in dual-parent than single-parent homes as discussed earlier, but that self-care children from dual-parent homes spend more time alone each day than do their counterparts from single-parent

Table 14. Multiple Regression of Daily Per-Child Self-Care Time on Seven Independent Variables, December, 1984.

<u>Variable</u>	<u>Significance</u>	<u>R²</u>	<u>Beta</u>
Family Structure (Values: 1 = Single-Parent 2 = Dual-Parent)	.001	.078	.163
Total Family Income	.029	.065	-.095
Location in SMSA (Values: 1 = Central City 2 = Suburbs)	.059	.081	-.070
Number of Wage Earners	.062	.036	-.074
Age of Child	.130	.002	-.052
Race of Head of Household (Values: 1 = White 2 = Black)	.376	.065	-.033
Family Size (Values: 1 = fewer than 3 members 2 = 3, 4, 5 members 3 = 6 or more members)	.893	.066	-.005

homes. On the other hand, though children from high-income families are also more likely to practice self-care than children from low-income families, these children spend less time alone each day than their counterparts from low income families. This suggests that income mitigates the effects of

family structure on the dependent variable average daily self-care time.

In summary, the survey results indicate that, although the race of the person deciding whether or not to employ children's self-care is not a strong predictor of the results of that decision, significant differences between children from black families and children from white families are found when the effects of all but two of six independent variables other than race are examined. The child's age and the number of earners in his/her family are the strongest predictors of the use of the self-care alternative, regardless of the race of the decision-maker. Family income and family size are moderately strong predictors, with income the stronger of the two for black families and family size the stronger for white families. Race is a significant, but weak, predictor, and family structure and location of residence are not significant predictors at all.

Although the stated hypothesis emphasized expected differences in the amounts of time children in the two racial groups would be found to have spent alone, these differences, though possibly present, and even apparent, could not be ascertained or measured with adequate significance by the survey results. Owing first to the small number of cases in the sample of children from black families, second, to the difference in the distribution of cases of one racial group

from those of the other as relative to family income and, third, to widespread variance of individual cases from the mean self-care time for each income group in the sample from black families, the curvilinear relationship between the average self-care time per child per day and the level of family income for children with black families cannot be shown to be significant. Thus, reliable comparisons based on the amount of self-care time cannot be made.

Multiple regression analysis of the dependent variable, self-care time, on seven independent variables for the combined group of self-care children with heads of households from all races indicates that race is not a significant predictor of childrens's daily self-care time, but rather that family structure and income are strongly influential.

CHAPTER FOUR: CONCLUSIONS AND SUGGESTIONS FOR FUTURE RESEARCH

This study has sought to investigate differences in the extent to which black and white families employ children's self-care during non-school hours. The data support the hypothesis that black families rely on self-care less than white families. The unexpected finding, however, that self-care among children from black families is so uncommon as to yield only a small number of cases from a national random sample, has created impediments to the refined analysis suggested by the hypothesis.

The data confirm significantly heavier use of self-care by white families than by black families, even when results are controlled by a variety of independent variables. It is possible that the difference in the two groups' reliance on self-care reflects the influence of kin-provided care in black families, especially since the difference is apparent not only among dual-parent families, where it might be explained by black parents' greater ability to arrange complementary work shifts, but also among single parents, for whom such arrangements are not possible.

More refined comparisons based on levels of family income and on the amount of time spent alone by self-care children yield only vague results from the CPS data, owing, as has been discussed, first, to the small number of cases from black

families, second, to the uneven distribution of cases from black and white families according to income (blacks concentrated at low income levels and whites at high income levels) and, third, to the representation of a large percentage of cases from each racial group at the same value for the dependent variable, daily self-care time. (Forty-three percent of each group reported this value to be 1.5 hours per day.)

It is clear, however, from the correlation of the dependent variable, use or non-use of self-care, with seven independent variables that the typical self-care child is white, has two working parents residing together, is over the age of ten, and is a member of a suburban family with an income of over \$40,000 a year (though no single child necessarily meets all these criteria). Again, this finding suggests that kinship networks very well may mitigate black families' use of self-care.

More refined demographic analysis, however, is still needed for a full understanding of the self-care phenomenon and for more substantive evidence of the impact of kinship networks on child care needs. A national random sample of children practicing self-care with cases evenly distributed according to race and income would allow accurate comparisons of the amount of time spent alone by children from black and white families at various levels of income. If the use or non-use of self-care is to be investigated further, survey items, carefully

constructed to discourage underreporting (possibly by inquiring about reasons for child care needs or the lack thereof), might elicit more specific information on the amount of time spent alone, the regularity of the practice of self-care, arrangements made for sick or vacationing school children when parents are working, and who provides care when children are not left alone. Direct investigation also of kin-provided care in black and white families could lend support or contrast to Hill's findings on informal absorption.

One other suggestion to facilitate analysis, not only of self-care, but also of other issues related to families, merits discussion. The present survey was designed by the Bureau of the Census for analysis based on the primary family unit. The usefulness of this unit of analysis, traditionally encompassing parents, children, and perhaps other close blood relatives residing together, has always carried with it limitations related to class and race. It represents primarily the white middle class. The use of the primary family as the central unit of analysis neglects the complex network arrangements which have long characterized low-income black families and which now are appearing among higher-income groups of all races as the structure of the American family continues to change dramatically. Scanlon (1987) and others are presently designing theoretical models of family relationships to be used in acquiring more accurate data on family-related phenomena. If future census surveys were to be based on

revised units of this type, their usefulness in the analysis of the need for and provision of child care would be greatly enhanced.

To summarize, the Census Bureau, by means of the December, 1984 CPS Supplement, has provided valuable basic demographic information which locate the phenomenon of children's self-care predominantly among high-income white families. As the American family continues to change, new models of family units will be needed to enhance research fundamental to the popular and professional discussion of family issues and to the design and implementation of family support policies and programs. Yet there remains a need for additional data to confirm or deny the more refined demographic concepts discussed in the context of this study. As the American family continues its metamorphosis, measures for supporting it will need to be adapted continuously. For such measures to be effective, be they the popular and professional discussion of family issues or the design and implementation of public policies and programs, they must be based on careful, thorough and accurate research. New models of family units are likely to make such research more possible.

NOTES

1. Although the data analyzed by Steinberg contained no information on the relationship of the subjects' reports of susceptibility to peer pressure and the actual level of their antisocial behavior, Steinberg does cite a second study of adolescents in the same school district which indicates "...the adolescents' responses...are significantly related to their reports of actual delinquent activity...even after the effects of age and sex have been controlled for." [Cf. Brown, B., D. Classen, and S. Eicher (1986) "Perceptions of Peer Pressure, Peer Conformity Dispositions, and Self-Reported Behavior Among Adolescents" Developmental Psychology 22(4):521-530.]

2. Some researchers report severe shortcomings to be inherent in these programs. On the exclusionary nature of the Title XX program, see Joffee 1983:172-173; on the stigmatizing effects of Head Start, see Sidel 1986:122-123; on the disincentives to work inherent in the AFDC program, see Moore 1982:415,430-431,441.

3. It should be noted here, however, that the actual level of funding to local communities is quite low. Kentucky, for example, has made \$25,000 of its \$59,000 grant available to local communities in grants of only \$500. each. Although the remainder of the grant will provide educational and support services for community programs, the level of the federal

government's participation in local endeavors in that state will remain quite low (School-Age Child Care Project 1986).

4. Only 2,000 of America's 6,000,000 corporations offer child-care assistance to employees. Nationwide statistics on other types of family support programs are not known, but Fernandez (1986) cites a number of local surveys that assess both workers' needs and corporate responses. His discussion is presented in chapter 8, pp. 137-150.

5. Strother (1984) and Fernandez (1986) have identified some exceptions, including programs sponsored by a consortium of Houston businesses, the Hoffman-La Roche Corporation, and the Fel-Pro Company. Fernandez also cites instances of financial support of community programs by local businesses.

6. The program is the Family Day Care Check-In Project in Fairfax, Virginia. The parent in charge sees that each child adheres to an activity program that the child has worked out with her parent(s). It may include visiting friends, attending after-school meetings, watching television, doing homework, or participating in activities at the check-in home. Above all, it is flexible, and both parents and children are assured that a trained provider is aware of and responsible for the child's activities.

7. This is the "Love to Share" program in Fort Smith, Arkansas. Staff members range in age from fifty-five to eighty-two.

8. Steinberg's study (1986) does look beyond questions of children's general well-being to examine the effects of parental permissiveness, particularly where parents are unaware of the whereabouts or activities of their children. His investigation was made possible, however, not by a large-scale survey on self-care but by the availability of local data gathered for the analysis of variables influencing peer relationships. Similarly, Lein's report (1984) on the concerns of dual earner families and Farel's survey (1984) of parents' preferences regarding their children's after-school activities provide valuable information about contexts in which self-care may occur. Yet the absence both of longitudinal data on self-care specifically and of wide-scale demographic information on participants in self-care has left a number of questions unanswered.

9. The CPS data do include information about who provided care for subjects not in self-care by use of the item, "Who, if anyone, other than a parent or step-parent, cared for...most of the time?" Possible responses are: cares for self, brother or sister, other relative, or non-relative. Because of the frequent participation of non-kin in kinship networks, however, it would be impossible to determine from the responses whether

a "non-relative" would be a commercial provider--such as a hired babysitter from outside the network, a day-care center, or a family-home day-care provider--or whether the response indicates network-provided care. Moreover, since brothers, sisters and "other relatives" may reside either within or outside the household unit, it would be impossible, via this single item, to distinguish cases in which someone at home took care of the child from those in which the kinship network came into play.

10. Additional descriptive accounts of the role of black kinship networks can be found in Ladner (1971); Scanzoni (1971/1977); Aschenbrenner (1975); Martin and Martin (1978); Shimkin, Shimkin and Frate (1978); Martin and Martin (1985) and Taylor (1986).

11. Cf. Aschenbrenner 1975: 141 n 33.

12. Like McQueen and Stack, Scanzoni (1971/1977) suggests a negative relationship between family ties and economic mobility. Scanzoni's data suggest that black men with weaker attachments to their kin are more likely to surmount formidable obstacles of discrimination in the white-dominated work environment than those with stronger ties whose families may offer safe havens of retreat from these unpleasant experiences.

13. The CPS Supplement records annual family income only in ranges, thus making it impossible for a per capita family

income to be computed. This is unfortunate, as it is felt that a per capita income value might demonstrate more accurately the relationship between the family's economic resources and the child's time spent in self-care, since the per capita value would incorporate the effects of family size.

14. According to the Children's Defense Fund 1974 data, fewer than 93% of American school-age children at that time actually attended school (Garbarino 1980).

15. Due, perhaps, to an oversight in the construction of the survey, the value ranges recording self-care time were not constructed to be contiguous. They are: less than one hour, one-two hours, three-four hours, five-six hours, seven hours or more. For purposes of analysis it is assumed that children would not be alone more than eleven hours at night. Otherwise, the time frames would overlap, causing distorted reporting. Thus, the midpoint for the highest range of scores (7 or more hours) was established to be 9.0.

16. The remaining 5,703 records represent children who are 1) neither black nor white, 2) under the age of three or over the age of thirteen, or 3) not attending school.

17. Reasons for expecting underreporting will be discussed further on in this chapter and with the conclusions and suggestions for further research.

18. The regression formula employed to test the significance of the relationship for children from black families included the quadratic as is appropriate in evaluating curvilinear relationships: $y = a + bx + cx^2$

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